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FROM: Michael R. Ward		DATE:	November <u>1</u> , 2004
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Comments:OfApplication No.:10/913,373Filed:January 28, 2002Title:CYCLOALKYL AMINE COMPOUNDS AND USES THEREOFInventors:Gregory Beatch, et al.Examiner:S. WrightArt Unit:1626Attorney Docket:554792000500

Enclosed please find:

1. Request for Withdrawal as Attorney or Agent, in triplicate - 3 pgs.

sf-1814999

PAGE 1/4 * RCVD AT 11/9/2004 6:51:27 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/2 * DNIS:8729306 * CSID:415 2687522 * DURATION (mm-ss):01-42

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	Application Number	09/913,3	09/913,373			
	Filing Date	January	28, 2002			
	JEST FOR WITHDRAWAL ATTORNEY OR AGENT	First Named Invent	or Gregory	Beatch		
. 43	AND CHANGE OF	Art Unit	1626			
CORR	ESPONDENCE ADDRESS	Examiner Name	S. Wrigh	it		
		Attorney Docket Nu	mber 5547920	000500		
Commissioner for Patents Tc: P.O. Box 1450 Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patent application, and Image: the attorneys/agents of record. The undersigned signs this Request on behalf of all attorneys and agents of record. Image: the attorneys/agents (with registration numbers) listed on the attached paper(s), or Image: the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The practitioners have been discharged by the client. The client has requested transfer to new counsel.						
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Film o	, [Karl Hermanns					
Indivit	ual Name Seed Intellectual Proper	rty Law Group				
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	United States					
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Signature	Michael Rubr		Registration No.	38.651		
Date	November 7 , 2004		Telephone No.	(415) 268-6237		
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Numbe					
	Filing Date January 28, 2		28, 2002			
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AND CHANGE OF	Art Unit	1626				
CORRESPONDENCE ADDRESS	Examiner Name	S, Wrigh	t			
	Attorney Docket Ni	mber 5547920	00500			
Commissioner for Patents To: P.O. Box 1450 Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patient application, and Image: the attorneys/agents of record. The undersigned signs this Request on behalf of all attorneys and agents of record. Image: the attorneys/agents (with registration numbers) listed on the attached paper(s), or Image: the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The practitioners have been discharged by the client. The client has requested transfer to new counsel.						
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Commissioner for Patents To: P.O. Box 1450 Alexandria, VA 22313-1450					
Please withdraw me as attorney or agent for the above identified patent application, and					
X all the attorneys/agents of record. The undersigned signs this Request on behalf of all attor of record.	meys and agents				
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Name Michael R. Ward					
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